

Under the Paperwork Reduction Act of 1995, no persons are

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Express Mail Mailing Label No.: **EV 74 63 4896/05**
Date of Deposit: **12/21/05**

Marianne Fox
Name

Marianne Fox
Signature

UNITED STATES POSTAL SERVICE®

REMELY URGENT

Please Rush To Addressee

10/561859

FOR PICKUP OR TRACKING CALL 1-800-222-1811

1450 U.S. POSTAGE P82212553
0365 \$27.30 DEC 21 05
9669 MAILED FROM ZIP CODE 10510



EV746348761US

Addressee Copy
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code _____

Date Accepted _____

Mo. ☐ Day ☐ PM ☐ AM ☐ Military ☐ Noon

Time Accepted _____

First Rate ☐ or Weight ☐ **DEC 21 2005**

Int'l Alpha Country Code _____

Postage & Fees \$ _____

Insurance Fee \$ _____

Acceptance Emp. Initials _____

CUSTOMER USE ONLY

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt ☐ Time ☐ AM ☐ PM ☐ Employee Signature _____

Mo. ☐ Day ☐ PM ☐ AM ☐ Employee Signature _____

Delivery Attempt **DEC 22 2005** ☐ PM ☐ AM ☐ Employee Signature _____

Mo. ☐ Day ☐ PM ☐ AM ☐ Employee Signature _____

Delivery Attempt **USPTO MAIL CENTER** ☐ PM ☐ AM ☐ Employee Signature _____

☐ **WARRANT OF SIGNATURE (Domestic Mail Only)** Additional merchandise insurance is void if waiver of signature is requested. (When delivery is made without obtaining signature of addressee or employee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.)

NO DELIVERY ☐ Weekend ☐ Holiday

Signature of Customer _____

FROM: (PLEASE PRINT)

PHONE _____

TO: (PLEASE PRINT)

PHONE _____

FOR PICKUP OR TRACKING: Visit www.usps.com

or Call 1-800-222-1811



BEST AVAILABLE COPY

PRESS HARD, YOU ARE MAKING 3 COPIES.